

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/485421	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7	/						57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12	/						62				
13	/						63				
14	/						64				
15	/						65				
16		/					66				
17	/						67				
18		/					68				
19		/					69				
20		/					70				
21	/						71				
22		/					72				
23		/					73				
24		/					74				
25	/						75				
26		/					76				
27		/					77				
28							78				
29							79				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	9						TOTAL IND.				
TOTAL DEP.	18	↓		↓		↓	TOTAL DEP.		↓		↓
TOTAL CLAIMS	27						TOTAL CLAIMS				